



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 32860-000568/US

First Inventor Anton SCHICK

Title CONFOCAL DISPLACEMENT SENSOR

Express Mail Label No.

19704 U.S. PTO  
10/660604  
09/12/03

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Commissioner for Patents Box Patent Application P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i>	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 22 ] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3 ]		<b>ACCOMPANYING APPLICATIONS PARTS</b>	
5. Oath or Declaration [Total Pages ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney	
		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____ Prior application information: Examiner: ____ Group / Art Unit: ____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>17. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		30596 30593 <i>(Insert Customer No. or Attach bar code label here)</i>	
Name		Harness, Dickey & Pierce, P.L.C.	
Address		P.O. Box 8910	
City		Reston	State VA Zip Code 20195
Country		United States of America	Telephone 703-668-8000 Fax 703-668-8200
Name (Print/Type)		Donald J. Daley	Registration No. (Attorney/Agent) 34,313
Signature			Date September 12, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number	Unknown
Filing Date	September 12, 2003
Inventor(s)	Anton SCHICK
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	32860-000568/US

TOTAL AMOUNT OF PAYMENT (\$) 1,072.00

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)				
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:					<b>3. ADDITIONAL FEES</b>				
Deposit Account Number: 08-0750					Large Entity Fee Code (\$)				
Deposit Account Name: Harness, Dickey & Pierce, P.L.C.					Small Entity Fee Code (\$)				
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17					Fee Description				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Fee Paid				
<b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed:									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other									
<b>FEE CALCULATION</b>									
<b>1. BASIC FILING FEE</b>									
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description					
101	750	201	375	Utility filing fee	750				
106	330	206	165	Design filing fee					
107	520	207	260	Plant filing fee					
108	750	208	375	Reissue filing fee					
114	160	214	80	Provisional filing fee					
<b>SUBTOTAL (1)</b>					<b>(\$ 750)</b>				
<b>2. EXTRA CLAIM FEES</b>									
Total Claims	31	-20 **	= 11	Extra Claims	Fee from below	18	=	198	Fee Paid
Independent Claims	4	-3 **	= 1		84	=	84		
Multiple Dependent						=	0		
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description					
103	18	203	9	Claims in excess of 20					
102	84	202	42	Independent claims in excess of 3					
104	280	204	140	Multiple dependent claim, if not paid					
109	84	209	42	** Reissue independent claims over original patent					
110	18	210	9	** Reissue claims in excess of 20 and over original patent					
<b>SUBTOTAL (2)</b>					<b>(\$ 282)</b>				
*or number previously paid, if greater; For Reissues, see above									
					<b>Other fee (specify)</b>				
					<b>*Reduced by Basic Filing Fee Paid</b>				
					<b>SUBTOTAL (3)</b>				
					<b>(\$ 40)</b>				

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Donald J. Daley	Registration No. Attorney/Agent)	34,313	Telephone	703-668-8000
Signature				Date	September 12, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

18334 U.S. PTO  
09/12/03